

MARYLAND DEPARTMENT OF HEALTH
OFFICE OF THE INSPECTOR GENERAL
INSTITUTIONAL REVIEW BOARD

REQUEST FOR MODIFICATION

PROTOCOL # _____

PROTOCOL TITLE:

PRINT NAME OF PI:

SIGNATURE OF PI:

DATE:

I. THIS CHANGE INVOLVES OR AFFECTS (CHECK ALL THAT APPLY):

ALL CHANGES SHOULD BE HIGHLIGHTED IN DOCUMENT (e.g. consent form, instrument, protocol etc.)

- PROTOCOL PROCEDURES CONSENT FORM INSTRUMENT/QUESTIONNAIRE (S)
- ADDITION/REDUCTION OF STAFF NEW PI ADD/REMOVE SITE(S)
- RECRUITMENT CRITERIA ADDITIONAL DATA
- OTHER _____

II. MODIFICATION(S) (USE ADDITIONAL PAPER IF NECESSARY): _____

III. THIS CHANGE WILL WILL NOT AFFECT THE LEVEL OF RISK IN THE STUDY - EXPLAIN: _____

IV. REASON FOR MODIFICATION (USE ADDITIONAL PAPER IF NECESSARY): _____

V. IRB APPROVAL OF THIS MODIFICATION FROM OTHER IRB(S) YES NO
(IF APPLICABLE)
IF YES ATTACH A COPY OF APPROVAL, IF NO, EXPLAIN: _____

MDH PROGRAM ADMINISTRATOR (PRINT)
(If Required)

SIGNATURE

DATE